

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003984	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/24/2014
NAME OF PROVIDER OR SUPPLIER WORTHINGTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 10799 ALLIANCE DR CAMBY, IN 46113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00144360.</p> <p>Complaint IN00144360 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date February 24, 2014</p> <p>Facility number: 003984 Provider number: 003984 AIM number: n/a</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: Residential: 26 Total: 26</p> <p>Census payor type: Other: 26 Total: 26</p> <p>Sample: 5</p> <p>Worthington House was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00144360.</p> <p>Quality Review 02/25/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE